DOCUMENT RESUME

ED 358 380 CG 024 671

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TITLE The Effects of Parent-Adolescent Communication on Adolescent Sexual Behavior.
PUB DATE Aug 92
NOTE 19p.; Paper presented at the Annual Convention of the American Psychological Association (100th, Washington, DC, August 14-18, 1992).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Behavior Patterns; *Interpersonal Communication; Knowledge Level; *Parent Child Relationship; Parent Influence; Secondary Education; *Secondary School Students; *Sexuality

ABSTRACT

The rate of sexual activity among adolescents has been rising steadily in the last 10 years, and adolescents are initiating sexual activity at younger ages. It has been widely assumed that parents can have an effect on their adolescent's sexual behavior and attitudes. This study was designed to investigate how parent-adolescent communication influences adolescent sexual activity. Respondents for the study were drawn from a stratified sample of students in grades seven through twelve. A total of 1,380 students participated in the study which was conducted in April 1992. An 85-item questionnaire was used which contained items about sexual and birth control practices, reproductive knowledge and attitudes, parents' and friends' perceived attitudes toward sexuality and background and demographic information. The study indicated that 19% of the 7th grade students reported having had sexual intercourse at least once compared to 64% of the 12th grade students. In addition, 46% of these sexually active adolescents were using birth control. It is clear that open communication within the family, family satisfaction, feeling comfortable talking to one's parents about sex and having parents communicate information about sexuality are all important but do not have a direct effect on adolescent sexual behavior or birth control use. What is more important for influencing behavior is parents who are a primary source for problem solving, who clearly communicate that sexual behavior is unacceptable during adolescence--and who do so in a positive way. The study found no relationship between communication about sex and how adolescents view their parents' approval or disapproval. What appears to be important is not just communication, but communication about values. (ABL)

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The Effects of Parent-Adolescent Communication on Adolescent Sexual Behavior

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CG024671

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Abstract

The rate of sexual activity among adolescents has been rising steadily in the last ten years, and adolescents are initiating sexual activity at younger ages. It has been widely assumed that parents can have an effect on their adolescent's sexual behavior and attitudes. This study was designed to investigate how parent-adolescent communication influences adolescent sexual activity.

Respondents for the present study were drawn from a stratified sample of students in grades seven through twelve. A total of 1,380 students participated in the survey.

Nineteen percent of the 7th grade students and 64% of the 12th grade students had engaged in intercourse at least once. Birth control was only used by 46% of the sexually active students.

Adolescents report receiving more information from their friends, television and school than they do from their parents. Parents who do communicate about sexuality with their children had more open family communication in general and had adolescents who felt more comfortable talking to their parents. However, there was no relationship with birth control use or sexual activity.

Adolescents who used their parents (as opposed to their friends) as a primary source for problem-solving were less likely to be sexually active as were adolescents who thought their parents would be upset if they had sexual intercourse. A multiple regression analysis showed these variables were important after taking into account other attitudinal influences.

The Effects of Parent-Adolescent Communication on Adolescent Sexual Behavior

The high rates of adolescent pregnancy and parenting in the United States have created continuing public concern. This concern is justified in terms of the high physical, social and mental cost a teenage pregnancy has on a young mother and her baby. Adolescent pregnancies and subsequent childbirth's are associated with severe adverse physical consequences (i.e., high incidence of low birth weight babies, a high frequency of developmental disabilities, and high infant mortality and morbidity) (Simkins, 1984). Furthermore adolescent mothers have a decreased likelihood of school completion and a greater likelihood of divorce, single parenting, unemployment, and welfare dependency (Hayes, 1987).

In 1984 it was estimated that over 1 million teenagers aged 15-19 were pregnant (Hayes, 1987). The alarming rate of teen pregnancies is a direct result of the increased frequency of sexual activity among adolescents, and the infrequent use of birth control among this population. It is important, therefore that we understand the influences on adolescent sexual behavior.

One variable that has long been assumed to have a strong impact on the sexual behavior of adolescents is parental involvement. However, there has been little empirical evidence to support this view that parents can impact the sexual behavior, knowledge and attitudes of their children. Most adults believe that children should learn about sex from their parents (Libby, Acock, & Payne, 1974), and most adolescents state their preferred

source of information about sex is their parents (Sanders & Mullis, 1988). Yet parents are not usually the primary source of sex information for their adolescents (Thornburg, 1981). A number of researchers have found that close relationships with parents as well as feelings of connectedness and supportiveness are associated with late onset of intercourse (Inazu & Fox, 1980; Jessor & Jessor, 1975). Baker, Thalberg and Morrison (1988) found that adolescents who have parents who are more liberal or approving of adolescent sexual activity are slightly more likely to be sexually active and are considerable more likely to use contraception if they are active, than are adolescents of disapproving parents. Parents' approval of their child's sexual activity accounted for only 5% of the variance in sexual activity; however, it accounted for 33% of the variance in use of contraception at last intercourse.

There is less consensus about the role of communication about sexuality between parents and teenagers and the onset of intercourse. Some studies have found no relationship between the frequency of communication about sexual topics with the mother and father and the subsequent initiation of sexuality activity (Khan, Smith & Roberts, 1984; Newcomer & Udry, 1985; Moore, Simms and Betsey, 1986). Others have found that communication is associated with a lower probability of adolescent sex or greater use of birth control (Fox & Inazu, 1980). Some have found that there is a curvilinear association between parental supervision and adolescent sexual behavior, such that the lowest levels of attitudinal permissiveness and sexual activity were found among teens whose parents were moderately strict, with higher levels among teens who perceived their parents as very strict and the highest levels among teens whose parents were the least strict. In a review of the literature Miller and Moore (1990) concluded that although a number of studies have focused on sexual socialization and communication within the family, results have been inconsistent due to methodological differences.

This study was designed to investigate how parent-adolescent communication influences adolescent sexual activity. It is expected that the relationship between

communication and sexual behavior will differ by age and by sex. Therefore, this study included both young (7th grade) and older (12th grade) adolescents. In addition males and females were sampled so that sex differences could be examined.

Method

Sample

A sample of students in grades 7 through 12 from, Iowa were selected to participated in the survey in April 1992. Four different school districts participated in the survey. Superintendents selected the classrooms to participate in the survey. They selected classes that were required of every student. A total of 1,454 students were selected for inclusion in the study. Five percent were absent on the day the surveys were administered and two percent chose not to participate, for a total response rate of 93% (1,380 students). The margin of error for the sample was 6 percentage points.

Procedure

Each district sent an information slip home to parents describing the study and indicating that parents should contact the school if they did not want their child to participate. Five parents refused to give permission for their child to participate. Every questionnaire had a cover sheet attached describing the study and indicating that participation in the study was voluntary. Teachers administered the survey to the students following standardized instructions. Each student placed their own survey in an envelope and a student volunteer immediately took the sealed envelopes to the office. These procedures were intended to encourage students to answer honestly without fear of their teacher knowing if they were sexually active. Students were given as long as necessary to complete the survey

Measurement

The 85-item questionnaire contained items about sexual and birth control practices, reproductive knowledge and attitudes, parents' and friends' perceived attitudes toward sexuality and background and demographic information. Sexual activity was

measured by the item "Have you ever had sexual intercourse (or "gone all the way")?" on a four point scale (1=no, 4=frequently). Throughout the survey the term sexual intercourse was used in order to ensure all respondents were referring the same act. Age at first intercourse, and reason for first deciding on intercourse was also assessed. Contraception use was measured by the item "If you have ever had sexual intercourse, do you or your partner use any type of birth control?" Five response choices were included ranging from all of the time to none of the time. Attitude toward premarital intercourse was measured by the item "Indicate whether you believe it would be OK to have sexual intercourse in each of the following situations" (situations ranged from planning on marrying the person to on a first date). Sexual and contraceptive attitudes, and normative influences were measured on a five-point scale from strongly agree to strongly disagree.

Family influence was measured by nine different items. How well the student got along with their mom and dad was assessed on a five point scale. Students were also asked who they would go to first for help if they had a problem with 11 different situations (e.g., depression, drugs, STD's questions about sex). Students were also asked how much their parents talked with them about eight different sexuality topics (e.g., sex, pregnancy, STD's, birth control). Responses ranged from not at all to a lot. How comfortable respondents were in talking to their parents and how much information they had received from their parents were also assessed. The nine item Olson and Wilson Family Satisfaction scale was included as was the 20 item Barnes and Olson Parent-Adolescent communication scale. Questions about family living arrangement, demographics, media exposure, school involvement, education goals and church attendance were also included.

Results

A total of 1,380 respondents from grades 7 through 12 participated in the survey. The respondents' age ranged from 11 to 19 with a mean age of 14.6 years. The majority of the sample was white (91%) with the rest being divided among several ethnic minority

groups: 1.0% Black, 1.4 % Asian, 1.4% American Indian 1.5% Hispanic, 3.7% not sure. The sample was equally split among males (51%) and females (49%). Over half of the sample reported living with both parents (65%), 13% living with a single parent, 18% living with one parent and a step-parent, and 4% reported living with another relative or in a group home. Thirty-nine percent of the sample said they attend church at least once a week, 14.8% attend once a month, 24.8% attend only yearly, and 21.7% never attend. The majority of the sample (79.8%) felt that their time in school was worthwhile and only 20.2% percent disliked school or wanted to quit. In addition, a large majority (81.8%) plan to attend college or graduate school and only 7.5% plan to stop their education with a high school diploma. Seventy-two percent of the teens were involved in one or more extra-curricular activities.

Sexual Behavior

Overall, 41.4% of the adolescents in grades 7 through 12 have had sexual intercourse; 12.1% of the 7th grade students and 64.2% of the 12th grade students. Table 1 shows the breakdown of sexual activity by grade and gender.

Males are significantly more sexually active than females (47.7% compared to 33.7%); $(1, N = 1,329) = 6.79$, $p < .01$. However, a comparison of gender differences by grade level reveals that this is only true in the earlier grades (7,8,9). By 10th grade, there is no significant differences between the number of males and females who have had sexual intercourse. The largest increases in the number of teens reporting they have had intercourse is between grades 9 and 10 (15%).

The most frequent age category reported for first intercourse was 13-14 years old. Males were younger at first intercourse than females, with 17.4% of the males reporting being 12 years old or younger compared to 2.7% of the females; $(4, N = 546) = 17.884$, $p < .01$.

The three most common reasons given for engaging in sexual intercourse were "Was in love with the person" (34.0%), "Wanted to see what it was like" (22.1%) and

"Got carried away with the moment" (15.8%). Males were more likely to report engaging in intercourse because they "wanted to" (31.9% compared to 11.4% for females), and females were more likely to report having intercourse because they were "in love" with the person (41.5% compared to 26.9% for the males). Fifty percent of the sample wished they had not had sex when they did the first time. They indicated that they wish they had waited until they were older, waited for a different person or waited until they were married. Females were more regretful with 61.5% wishing they had waited compared to 38.5% for males; $(4, N = 556) = 31.06, p < .01$.

Birth Control Use

Forty-six percent of the sexually active respondents reported using birth control all of the time. Twenty-two percent never use birth control. There were no significant differences in birth control use by respondent's sex. The most frequently cited reason for not using birth control was "didn't expect to have sex", (51%). The other reasons were not mentioned very frequently at all: birth control is inconvenient (8%), too embarrassed to buy birth control (5%), don't care if I get pregnant (or get someone pregnant) (6%), birth control is wrong (2%). The "other" category was reported 27% of the time, with a majority of these responses involving alcohol or drug use while having sex.

Family Communication

The Barnes and Olson Parent-Adolescent Communication scale measures two different aspects of communication: open family communication and problems in family communication. Open family communication is intended to measure the more positive aspects of parent-adolescent communication and problems in family communication focuses on the negative aspects. When added together, the final communication score indicates how well adolescents view the communication in their family. Scores ranged from 10 to 100, with 20 indicating very poor communication and 100 indicating very positive. The scale was completed for mothers and fathers separately. The alpha reliability for the scales were .89 for moms and .88 for dads. The average score was 65

for moms and 63 for dads. There were no significant differences for males in females with communication with moms, however, males report more positive communication with their dad ($x = 63.5$) than do females ($x = 61.6$); $t(949) = 2.02$, $p < .05$. Upon examining the sub-scales, there were no significant sex differences in open communication, however females report more problems in communication with their mom ($x = 29.4$ for females, $x = 31.1$ for males), $t(1,090) = 3.68$, $p < .01$. Females also report more problems in communication with their dads ($x = 29.36$ females, $x = 30.5$ males), $t(1000) = 2.42$, $p < .01$. Those who were reported having positive communication with their mothers got along well with their mothers ($r=-.59$), felt comfortable talking with their parents about sex ($r=-.52$), were satisfied with their family ($r=.57$), received information about sex from their parents ($r=-.38$), have talked with their parents a lot about sexuality ($r=.36$) and go to their parents first with their problems ($r=.50$). The same relationships hold true for positive communication with fathers. It was expected that open communication would be related to sexual behavior, however neither sexual behavior or birth control use were related to communication scores.

Respondents were asked how much their parents have talked with them about eight different sexuality topics. This eight topics were combined to form a scale with a range of scores from eight (meaning they have not talked with their parents at all about any sexuality topics) to 40 (meaning they have talked a lot about all the topics). The alpha reliability for the scale was high ($r=.92$). The average score was 19.2, suggesting that students are not talking that much to their parents. The only variables correlated with talking with parents about sexuality is open communication ($r=-.39$ for moms and $r=-.30$ for dads) and feeling comfortable talking to your parents about sex ($r=-.54$). Females were more likely to talk with their parents ($x = 21.4$) than were males ($x = 17.04$); $t(1264) = -9.65$, $p < .01$.

Forty percent of the respondents reported feeling comfortable or very comfortable talking with their parents about sex. Thirty-five said that they are uncomfortable or would

never talk to their parents about sex. Those who did feel comfortable were more likely to talk to their parents about sex (r=-.54) had open communication with mom (r=-.52) and dad (r=-.39) reported receiving information about sexuality from their parents (r=.55) and reported going to their parents first with their problems (r=-.45). However, there was no relationship with sexual behavior or birth control use.

Problem-Solving

Respondents were asked who they would go to first with 11 different problems. Parents were the first choice for five of the problems: information about birth control, problems with sexual abuse, problems with drugs, physical health, birth control information and questions about sex. Friends were first choice for a source of help for problems with your family, depression, drugs/alcohol, relationships and problems with friends. Respondents reported going to a doctor first for problems with sexually transmitted diseases. There were no significant sex differences. Those who were more likely to go to their parents first for all problems were also more comfortable talking to their parents about sex (r=-.45) had open communication with mom (r=.50) and dad (r=.50), talked with their parents about sex (r=.34), received information about sex from their parents (r=-.38), and were less likely to be sexually active (r=-.25). Those who were more likely to go their friends first for their problems were more likely to have had sexual intercourse (r=.31).

In addition to going to your parents first with your problems, two other parental variables were related to sexual behavior: feeling your parents would be upset if you had sex and number of parents you currently live with. Feeling your parents would be upset if you had sexual intercourse was correlated with guilt about having intercourse (r=.32), having more conservative attitudes toward premarital sex (r=-.34) and sexual activity (r=.31). In addition, those who live with both parents were less likely to engage in sexual activity (r=.30).

Source of Sexuality Information

Friends were the number one source of sexuality information, with 38.3% of the sample reporting getting a good deal of their information from their friends, compared to 37.3% for school 36.9% for television and 26.8% from their parents. There were also some sex differences in where respondents received their information. Males reported receiving more information from television (38.1%) followed by friends (35.6%) and school (35.9%) with parents significantly last (23.6%). Females report more information from friends (41.2%), followed by school (38.9%), television (36.5%) and parents (29.9%). Those who receive a lot of information about sex from their parents report feeling more comfortable talking to their parents about sex (r=.55) and report having open communication with their mother (but not their father) (r=-.42). This may suggest that mothers play a bigger role in educating their children about sex.

Predicting Sexual Behavior

In order to further understand the relationship between sexual behavior and parental communication, hierarchical multiple regression equations were computed between frequency of sexual activity (1=never, 4=frequenlty) and the independent variables of interest. Background variables were entered first (grade in school and number of parents the respondent lived with) followed by relationship variables (relationship with mom and dad and the open communication scale), next were the communication about sexuality variables (going to parents first, talking with parents about sexuality topics), school variables (number of extra-curricular activities involved in and attitude toward school), church commitment, normative influences, sexual attitudes and lastly relationship seriousness. Table 2 lists the R, and beta weights for the regression equation.

The 19 variables explained 43% of the variance in sexual activity. Most of the variables significantly increased the multiple correlation when they were entered into the equation, however only 8 of the 19 variables made an independent contribution to the

prediction of sexual activity when all of the other variables were included. Teens who were involved in frequent sexual activity were older, went to their friends first for the problems, thought their parents would be upset with them having sex, thought that a large number of their peers were having sex, did not feel guilty about having sex, had more permissive attitudes about premarital sex and were in a serious relationship they thought would end in marriage.

Examining the beta weights showed that having a more permissive attitude about premarital sex was the strongest predictor of sexual behavior. That is, adolescents who felt that is was O.K. to have sex in a variety of situations (including dating someone for a few weeks, or on a first date) were more likely to engage in sexual behavior. The second strongest predictor was the number of teenagers the respondent thought were sexually active. Those who felt that a large number of their peers were sexually active were more likely to engage in sex themselves. The third strongest predictor was relationship seriousness. Those adolescents who were in a serious long-term relationship were more likely to engage in sex. Two of the parental variables made a significant independent contribution to the regression equation: feeling your parents would be upset if you had sex and going to your parents first for your problems.

Discussion

A large number of adolescents are engaging in sexually activity. This study showed that 19% of the 7th grade (13 years old) students report having sex at least once and 18% of the males say that they have had sex before they were 12. In addition, less than half of these sexually active adolescents are consistently using birth control. The largest jump in sexually activity occurs between ages 15 and 16. It may be that there is an unspoken norm for adolescents that 16 is a time to initiate sexual activity. It is also interesting that males report having sex because "they wanted to see what it is like" and females are more likely to say that they had sex because they were in love with their partner. These different motivational factors are important to keep in mind when

designing intervention programs. A key component of a intervention program for females would need to include discussions about how sex and love are not the same thing. It is also worth noting that over half of the females who had sex regretted doing so.

One of the main purposes of this study was to examine the effects of parental communication on adolescent sexual behavior. Open communication with both parents was found to be important for feeling comfortable talking to your parents about sex, receiving information about sex from your parents and using parents as a primary source for problem solving. However, contrary to what was expected there was no direct relationship between communication between adolescent and parents and sexual behavior or birth control use. Being a part of family that has good communication is not enough to ensure that an adolescent won't engage in sexual activity.

In addition, adolescents who have parents who talk to them about different aspects of sexuality or who receive a good deal of information about sex from their parents (as opposed to their friends) are not more or less likely to engage in sexual behavior or use birth control when they do have sex. Talking about sex is not enough to ensure that adolescents won't engage in sex. However those who do talk with their parents about sex, are also more comfortable doing so and report receiving more information from their parents. It is not clear the direction of this relationship. Feeling comfortable talking about sex with parents may facilitate communication or because the adolescent has received a lot of information from their parents, they feel comfortable talking to them.

What was related to sexual behavior was having parents you could turn to first for your problems - any problem. Adolescents who listed their parents as their primary source for problem solving were less likely to engage in sex. There were no significant age or sex differences on this variable, therefore this relationship is just as important for young adolescents and males and females. Adolescents are more likely to turn to their parents first if there is good communication in the family. However, good communication is not enough. A parent may have good communication with their adolescent but not have time

or ability to help them with their problems. The key to understanding this relationship may be parental availability. Parents who are available to their adolescent when a problem arises may have more success in helping their adolescents postpone sexual intimacy. Parental availability may also explain the relationship between family living arrangement and sexual behavior. Adolescents who live with both parents were less likely to engage in sex than adolescents who live with a single parent or in another living arrangement. It has been well documented that single parents are under extreme stress. This stress may prohibit their ability to be available to their adolescent when a problem arises. It is important to keep in mind that this relationship was found only in the univariate analyses and was not significant when other variables, such as guilt about intercourse, were added to the analyses. Future studies need to directly measure parental availability from both the adolescent and parent's perspective.

Another significant parental effect on adolescent sexual behavior was the adolescent's perception of how their parents would respond if they were sexually active. Adolescents who thought their parents would be upset if they had sex were less likely to have sex. It is interesting that thinking your parents would be upset if you had sex was not related to communication within the family or family satisfaction. Therefore, adolescents can have open communication, feel satisfied with their family and get information about sex from their parents and still think their parents may be upset if they engage in sexual intercourse. It has been argued that parents (or anyone for that matter) shouldn't talk about sex because by doing so they are giving the impression that it is O.K. to engage in sex. However, this study found that there is no relationship between talking about sex and how adolescents view their parent's approval or disapproval. What appears to be important then, is not just the communication of information, but the communication of values. If parents think that teenagers having sex is unacceptable, they should communicate that clearly to their adolescents. Adolescents who have good relationships

with their parents and feel that they are violating their parents wishes are less likely to engage in sexual behavior.

From the regression results it is clear that while the above parental variables may be important, they are not as important as the adolescents own attitudes toward sex. The regression results showed that adolescents who think that sex is O.K., who feel that they have peer support for their behavior (i.e., they think that a large number of their peers are having sex) and who have the opportunity (i.e., they have a partner) are likely to engage in sexual behavior. Parental variables are second to attitudinal variables in understanding sexual behavior in adolescents.

It is clear that there are parental influences on adolescent sexual behavior. However, these influences are not direct. Open family communication, family satisfaction, feeling comfortable talking to parents and having parents communicate information about sexuality are all important but do not have a direct effect on adolescent sexual behavior or birth control use. What is more important for influencing sexual behavior is parents who are primary problem solvers for their adolescents, and parents who clearly communicate that sexual behavior is unacceptable during adolescence. This is facilitated by having a family that communicates in a positive way. Future studies need to examine how parents communicate these values to their adolescents.

Table 1
Percentage of Adolescents who Have had Intercourse by Grade and Gender

	N	% Who Had Sexual Intercourse			
		Never	Once	Few Times	Frequently
Total	1329	58.7	8.3	15.8	17.2
Grade					
7	309	80.9	6.8	7.4	4.9
8	262	69.5	8.8	11.8	9.9
9	201	59.2	12.4	14.9	13.4
10	220	45.0	8.6	25.0	21.4
11	228	39.9	7.0	21.5	31.6
12	109	35.8	5.5	20.2	38.5
Gender					
Male	666	55.3	10.2	17.4	17.1
Female	663	62.3	6.3	14.0	17.3

Table 2
Summary of Hierarchical Multiple Regression of Demographic, Background, Parental and Attitudinal Variables as Predictors of Intercourse Behavior

Variable	R	Beta
Grade in school	.33*	.129*
Number of parents living with	.37*	-.047
Relationship with mother	.39*	.027
Relationship with father	.39	-.022*
Communication with mother	.396*	-.022
Communication with father	.397	.010
Go to fends first with problems	.438*	.072*
Go to parents first with problems	.451*	-.076*
Talk with parents about sexuality	.453	.056
Feel comfortable talking with parents	.453	.056
Number of extracurricular activities	.465*	-.001
Attitude toward school	.480*	.031
Church attendance	.505*	.034
Parents upset if have sex	.540*	.119*
Friends upset if have sex	.567*	.059
Percent of teens your age have sex	.595*	.186*
Guilt about having sex	.613	-.103*
Attitude toward premarital sex	.613	-.201*
Relationship seriousness	.649	.165*

a - significance level refers to R change
* $p < .01$

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